DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

January 9, 1990

ALL-COUNTY LETTER 90-02

To: All Public and Private Adoption Agencies All SDSS Adoption District Offices

SUBJECT: INDEPENDENT ADOPTION PREPLACEMENT PROGRAM

Reference: AB 2322 (Chapter 1142, Statutes of 1989)

Assembly Bill 2322, the Independent Adoption Preplacement Program Act, was signed by the Governor on September 29, 1989. The Act is effective January 1, 1990.

The Act provides an optional alternative procedure in the Independent Adoption Program that includes preplacement assessments of adoptive families, preplacement advising of birth parents, and early interviewing of advised birth parents by the agency investigating the independent adoption. Specifically, Civil Code Section 226.51(a), in pertinent part, states that in this alternative procedure the Department or county adoption agency investigating the independent adoption shall:

"interview at the department or agency office any person willing to be interviewed from whom consent is required within 10 working days of receiving a copy of the filed adoption petition and documentation that all of the following conditions have been met:

- (A) The person from whom consent is required has been advised pursuant to [Section 226.51(b)].
- (B) There is no serious question about the suitability of the prospective adoptive family as provided in [Section 226.51(c)].
- (C) The department or the agency has received the name, address, and phone number of the person to be interviewed and the complete report of the assessment of the prospective adoptive family."

In most circumstances, the assessments and advising services will be arranged by the petitioners or their attorney and provided by cooperating licensed private adoption agencies. The specified services can be provided only by licensed adoption agencies. No adoption agency is required to provide these services. However, if an agency elects to provide either service, the Act requires that it offer both services to anyone desiring to participate in the Preplacement Program.

This letter provides basic information about implementation of the Act to agencies that elect to provide preplacement assessments and advising services.

Advice to Birth Parents

Civil Code Section 226.51(b), in pertinent part, states:

"The advice shall include a balanced presentation of the alternatives to adoption, the right to obtain additional counseling, the right to retain separate legal counsel, the meaning of the consent to adoption, the right to future information about the status of the adoption, the need of the child and the adopting parents for complete information on the background of the child, the content of the assessment of the prospective adoptive family, and other information determined necessary by the department. The person giving the advice shall also collect information on the background of the child from the person being advised.

Each person advised pursuant to this subdivision shall be offered at least three separate counseling sessions, to be held on different days, except that this requirement does not apply to birth fathers from whom consent is not required. Each counseling session shall be no less than 50 minutes duration. The counseling may be provided by a representative of the department or a licensed adoption agency or by persons licensed to provide psychotherapy or counseling selected by the person. The counseling costs shall be paid by the prospective adoptive parents at the request of the birth parent. If counseling is requested prior to the placement of the child for adoption, it shall be initiated prior to the placement."

To implement the Act, the Department has filed emergency regulations clarifying that:

- 1) the advice is to be given in a meeting with the birth parent;
- 2) a birth mother is not to be advised while she is hospitalized during and following the birth:

- 3) the appropriate Independent Adoption Statement of Understanding is to be reviewed with the parent; and
- 4) advice regarding alternatives to adoption shall cover available services which could help the parent to keep the child and temporary foster care to afford the birth parent more time to make a decision regarding the child's future.

The agency is to collect background information about the birth parent and the child and about the identity of the child's birth father. The subsequent investigation of the adoption will be facilitated if the adoption agency advising the parent uses the "Information About Birth Mother" (TEMP AD 67A) and "Information About Birth Father" (TEMP AD 67A) forms when collecting background information and the "Declaration of Mother" form (AD 88O) when inquiring about the identity of the birth father. Copies of these forms are attached.

When advising birth parents, the agency needs to be aware of the fact that Civil Code Section 224q requires that a parent placing a child for an independent adoption has personal knowledge of at least the following about the adoptive parents: "...their full legal name; age; religion; race or ethnicity; employment; whether other persons, whether children and adults, reside in their home; any health conditions curtailing their normal daily activities or reducing their normal life expectancy; and their general area of residence, or upon request, their address."

The advising and the counseling, if requested, of the birth parent are to be documented on the "Confirmation of Advice" form (AD 913). At the request of the advised birth parent, the adoption agency is to send this form, a copy of the completed background information form, the original statement on the identity of the birth father, and a copy of the information given to the birth parent about the adopting parents to the Department's district office or county adoption agency investigating the independent adoption. A copy of the AD 913 form is attached.

Assessment of potential adopting parents

Civil Code Section 226.51(c), in pertinent part, states:

"The assessment shall be completed or updated within 12 months before the placement of the child for adoption. The assessment shall include consideration of those factors required by the department in a study to determine whether the prospective adoptive family and its home is (sic) suitable for a child [in an independent adoption], except those factors regarding the adjustment of the child in the home. In addition to describing fully information collected in the assessment and the conclusions of the assessment, the

report of the assessment shall specify the characteristics of a child which the family would adopt including, but not limited to, age, sex, ethnicity, race, and special needs. The prospective adoptive parents and any person being advised pursuant to subdivision (b) shall be provided with a written summary of the report of the assessment."

The content of the Independent Adoption assessment is described in adoption program regulations, CAC, Title 22, Sections 35083, 35085, 35087 and 35089. The legislation specifically states that the assessment shall include criminal record checks. A copy of the complete report of the assessment of the adoptive family is to be filed with the Department's district office or county adoption agency investigating the adoption if and when the family files a petition to adopt a child.

Adoption agencies must be aware of the fact that the Act requires a report of incomplete or negative assessments to be forwarded to the Department, as follows:

"If the assessment results in a determination that there is a serious question as to the suitability of the prospective adoptive family, or if the assessment is discontinued prior to completion because of such a question, the department or the adoption agency shall provide a report of the complete or incomplete assessment to the department."

Any such reports should be sent to the SDSS Adoptions Branch at:

SDSS-Adoptions Branch Services Bureau 744 P Street, M.S. 19-31 Sacramento, California 95814

Conflict of Interest

Private adoption agencies providing these services also must be aware of the Act's amendment to Health and Safety Code Section 1522.4(c) regarding conflict of interest. The relevant part of this Section states:

"[An agency providing Independent Adoption Preplacement Program services] shall not have received financial contributions in excess of five hundred dollars (\$500) or volunteer or paid services from the adoption petitioners, the attorneys advising the petitioners in connection with the adoption, members of the immediate families of the petitioners or the attorneys advising them in connection with the adoption, or members or employees of any such attorney's firm during a one-year period immediately prior to the beginning of the advice or assessment services and shall not accept financial contributions in excess of five hundred

dollars (\$500) or volunteer or paid services from any of those persons for at least one year after the advice or assessment service is completed. This does not include fees for services charged by the agency."

Questions regarding implementation of the Independent Adoption Preplacement Program should be addressed to Mr. Joseph Magruder, Adoptions Policy Consultant, at (916) 323 0524.

LOREN D. SUTER Deputy Director

Attachments

cc: CWDA

CONFIRMATION OF ADVICE

Statement of Adoption Agency:	
OnI met with required by California Civil Code Section 226.51. He/She was not this advice was an explanation of each of the items on the follow Parent who gave physical custody of the child to the add Parent who did not give physical custody of the child to the Alleged Natural Father (AD 887B) Parent who gave physical custody of the Indian child to the Parent who did not give physical custody of the Indian child Alleged Natural Father of Indian child (AD 900B).	ot a hospital patient at the time advice was given. Included in ring Statement of Understanding: optive parents (AD 887). The adoptive parents (AD 887A). The adoptive parents (AD 900).
requested couns	eling as provided by civil Code Section 226.51 on
was offered, but of	did not accept counseling.
SIGNATURE OF PERSON PROVIDING ADVICE PRINTED NAME	I HAVE BEEN ADVISED AS REPORTED ABOVE.
AGENCY NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE	TELEPHONE
Statement of Counselor:	
I have counseled	regarding his/her decision to place his/her child for adoption.
The first session was held on	
PRINTED NAME	I HAVE BEEN COUNSELED AS REPORTED ABOVE.
AGENCY NAME OR LICENSE TYPE AND NUMBER	PRINTED NAME
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Supporting Infomation:	
The Child:	
Name (If born):	
Date (or expected date) of birth:/	Date of placement: / /
Attachments:	,
background information on birth mother. background information on birth father statement on identity of birth father. copy of summary of assessment of potential adoptive far	mily given to person advised.

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STATE OF CALIFORNIA	- ((C) (

DEPAR	TMENT	OF.	SOCIAL	SERVICE	*5

INFORMATION ABOUT	THE
BIRTH FATHER	

CHILD'S NAME:	· · · · · · · · · · · · · · · · · · ·	CASE NUMBER:
CASE WORKER'S NAME.	AGENCY'S NAME:	<u> </u>

INSTRUCTIONS FOR COMPLETION:

- Print clearly using ink.
- Complete all items. If you don't know the answer to an item, indicate "unknown".
- The AD 67A form is divided into two separate parts. Section I consists of "identifying" information and will be kept confidential. None of this information will be given to your adopted child or his/her adoptive parents unless you have given us written permission to do so. Section II consists of "Nonidentifying" information about your background and health history. California Adoption Law requires that a copy of Section II be given to your child's adoptive parents prior to the final decree of adoption and upon written request of the adoptee when he/she reaches age 18.

 All information reque 	ested on this form is requi	red for	the	∞mpletion o	of your ch	ild's adoption.	
SECTION I - IDENTI	FYING INFORMATION	ABO	UT	BIRTHFAT	HER		
A. NAME/ADDRESS							
BIRTHFATHER'S NAME (FIRST, MIDD	LE, LAST)					OTHER	NAMES KNOWN BY
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RESTRICTIONS FOR USE OF PERMA	NENT MAILING ADDRESS, IF ANY						(AREA CODE) NUMBER
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B. BIRTH FATHER'S	PARENTS				· · · · · · · · · · · · · · · · · · ·		
NAME OF BIRTHFATHER'S MOTHER (· · · · · · · · · · · · · · · · · · ·			NAME C	OF BIRTHFATH	ER'S FATHER (FIRST, MIDE	DLE, LAST)
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C. PATERNITY OF M	MNOR:						
Have you and the child's	birthmother ever been ma	arried?					Yes No
If Yes, date and place of							
If divorced, date and place	ce of divorce:						*
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	birthmother ever attempte	ed to m	arry	?		******************	Yes U No
If Yes, explain.							
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* NOTE: It is important that you notify the State Department of Social Services of any changes in your permanent mailing address.

Page 1 of 9

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	Yhat additional information do you want or need about the adopting parents?
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	How much did they pay? (Please indicate if unknown)
	Who paid the expenses for this pregnancy, prenatal care, delivery and other expenses?
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	S. ADOPTION QUESTIONS:
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E. ADOPTION QUESTIONS:

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YES NO IF YES, LIST THE TYP	PE OF SUBSTANCE, HOW LONG IT V	VAS USED AND HOW FREQUEN	ITLY.			
G. FAMILY HISTORY:	,					
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If deceased, age at death						
Cause of death						
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Religion	:					*
Was this parent aware of the			`			
pregnancy?	· 🗆 YE	s 🗆 No			YES [ON
How many brothers or sisters did she/he have?						
If any of your aunts or uncles have died, give age at death						
and cause of death						
		THER'S PARENTS			R MOTHER'S F	
	FATHER	MOTI-	ER	FATHE	<u>R </u>	MOTHER
Age					***	
If deceased, age at death and cause of death						
Describe physical appearance						
Height & Weight	HEIGHT WEIGHT	HEIGHT W	EIGHT HEI	IGHT WEIG	SHT HEIGH	T WEIGHT
Outstanding features	3-11-11-11-11-11-11-11-11-11-11-11-11-11	3				
Education completed						-
Current or former occupation						
Was he/she aware of the pregnancy?	☐ YES ☐ NO	YES	□ №	☐ YES	🗆 ио 🗆	YES [NO

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(Male or Female)											
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H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e., your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections. When more than one condition is indicated within a Condition Section, circle the

	appropriate condition to identify the o	<u>ther c</u>	<u>ondition</u>	١.		a maistass within a condition Section, circle the
	MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify relationship)	COMMENTS
. (CONGENITAL IMPAIRMENTS			1	Totalio (Silip)	
	1. Club foot or any orthopedic					
	problem (i.e., flat footed, etc.)					
	2. Harelip (cleft lip) or cleft palate					
	E. Training (creat hp) of clear palate					·
	3. Downs Syndrome					
	3. Downs Syndrome					
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	4. Other Chromosome abnormality					
				-		
	5. Hydrocephalus					·
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	6. Muscular dystrophy		,			Parts of body involved? Age at onset?
	7. Dwarfism					
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1	. Eczema or other skin condition					
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	Drada					,
1.	 Blindness, glaucoma, color blind- ness or other visual problems 					
						d' ••••
2.	. Corrective glasses or					At what age were prescription lenses necessary?
	contact lenses					-5- 11-10 process priori londes necessary !
	☐ Nearsighted					
	☐ Farsighted					
	☐ Astigmatism (inability to	1				
	focus)		1			
	☐ Strabismus (crosseye)					
	☐ Other (explain)	-				
		 				
3.				1.	ļ	If so, what orthodontic work and for how long?
	other orthodontia work	1 1		ſ		· - · · · · ·

2 to 8 age9				<u> </u>	
Kind, amount, and when taken?					S. Drug usage
					f. Alcohollsm or heavy drinking
			***************************************	The state of the s	
	To control the second s			a service de la constanta de l	3. Other mental illness. Describe, using additional page, if necessary
					2. Diagnosed manic depressive
					1. Diagnosed schizophrenia
SnoitszilsjiqzoH Stnemtsert tsdW Stezno ts epA		į	- International Control		JAROIVAHBB BATATUBM .5 2. SABOROSIO
What kind? Age at onset? What part of body?					2. Tuberculosis
					smrtzA .f
Any cause known? What treatment?				ŀ	F. RESPIRATORY DISORDERS
	1				3. Obesity (overweight)
					2. Thyroid disorder
					seledsiQ .1
Sinential treatments at open of a spanners.	-				E. HORMONAL DISORDERS
					7. Kidney disease
Spe at onset? What treatment?					sithithA .a
What kind? Age at onset? What part of body?					5. Heart attack (coronary)
					4, Siroke
SnoitszilstigeoH Stnemtsett tsrlW Steano ts egA					3. Hypertension (high blood
					Sickle cell anemia or trait
					SHBOROZIO YAOTADISHS 1. Hemophilis
					7. Retardation: mental or physical
SnoitasilatiqaoH Saiaongaib ynA					6. Learning disability
	***************************************			,	5. Speech problems
Special education? If "Yes", indicate age at onset.					4. Dealness or other ear problems
CINCINIA	1ED - KELMINE (Specify relationship)	Self Self		UN	MEDICAL CONDITION

MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify relationship)	COMMENTS
LYMPHATIC DISORDERS					What kind? Age at onset? What part of body?
1. Cancer	<u> </u>				
2. Tumors					
3. Cystic fibrosis					
4. Hodgkins disease				·	
NERVOUS SYSTEM DISORDERS					Parts of body involved? Age at onset?
1. Multiple sclerosis					
2. Huntington's disease					
3. Cerebral palsy					
4. Seizures or convulsions					Age at onset? What treatment? Frequency?
5. Epilepsy					
INFECTION, HOSPITALIZATION					Diagnosis?
Repeated attacks of fever with known infection					
Repeated severe infection necessitating hospitalization					
Hospitalization, operation, or injury					What for? When?
OTHER IMPAIRMENT, ALLERGY					
DISORDER OR DISEASE				n.,	,
•					
•				•	
			.		
•					
				,	

			-		
				· .	·

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STATE OF	CALIFORNIA	- HEALTH AND	WELFARE AGENCY
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DEPARTMENT OF SOCIAL SERVICES

INFORMATION ABOUT THE BIRTH MOTHER

	CASE NUMBER;
LICENSON NAME.	
AGENOTS NAME:	
	AGENCYS NAME:

INSTRUCTIONS FOR COMPLETION:

- Print clearly using ink,
- Complete all items. If you don't know the answer to an item, indicate "unknown".
- The AD 67 form is divided into two separate parts. Section I consists of "identifying" information and will be kept confidential. None of this information will be given to your adopted child or his/her adoptive parents unless you have given us written permission to do so. Section II consists of "Nonidentifying" information about your background and health history. California Adoption Law requires that a copy of Section II be given to your child's adoptive parents prior to the final decree of adoption and upon written request of the adoptee when he/she reaches age 18.
- All information requested on this form is required for the completion of your child's adoption.

SECTION I — IDENT	IFYING INFORMATIO	N ABOUT BIRTH	H MOT	HER				
A. NAME/ADDRES	S:							
BIRTHMOTHER'S NAME (FIRST, MIL	DDLE, LAST)	MAIDEN NAME			OTHER NAMES KNOWN BY			
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MO, DAY,	YR) 2	IRTHPLACE (CITY, STAT	E, COUNTRY)	•		
CURRENT ADDRESS (STREET, CIT	Y, STATE, ZIP CODE)			 		TELEPHONE NUMBER		
PERMANENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE;*					PERMANENT TELEPHONE NUMBER (AREA CODE) NUMBER		
RESTAICTIONS FOR USE OF PERM	ANENT MAILING ADORESS, IF ANY							
B. BIRTH MOTHER NAME OF BIRTHMOTHER'S MOTHE	L'S PARENTS - (The page 1875) A (FIRST, MIDDLE, LAST)	arents who raise	·) BIRTHMOTHER'S FATHE	R (FIRST, MIDDLE.			
ADDRESS STREET.		ony, ·	ADDRESS	STREET.		спу,		
STATE.	2	P CODE	STATE,			ZIP CODE		
DOES YOUR MOTHER KNOW OF TH	HIS ADOPTION?		DOES YOU	IR FATHER KNOW OF TH	IIS ADOPTION?			
YES NO	UNKNOWN		YES	□ NO	UNKNOW!	4		
IF IN THE FUTURE WE NEED TO LOC YES	CATE YOU, MAY WE CONTACT YOUR M	NOTHER FOR ASSISTANCE?	IF IN THE	FUTURE WE NEED TO LE	OCATE YOU, MAY T	WE CONTACT YOUR FATHER FOR ASSISTANCE?		
C. PATERNITY OF	MINOR:							
NAME OF CHILD'S BIRTHFATHER (F	HAST, MIDDLE, LAST)					PERMANENT TELEPHONE NUMBER		
LAST KNOWN ADDRESS (STREET, C	CITY, STATE, COUNTRY IF OUTSIDE U	S.A.)				(AREA CODE) NUMBER		
D. MARITAL HISTO	PRY:							
1. Are you now marrie	ed? 🗌 Yes 🔲 No	If Yes, what is your	r husba	nd's name?		(FIRST, MIDDLE, LAST)		
PRESENT MARRIAGE LICENSE SEC	URED IN (CITY, COUNTY, STATE)							
PLACE OF MARRIAGE (CITY, CO	UNTY, STATE;		-		DATE OF MA	ARRIAGE (MO., DAY, YR.)		

NOTE: It is important that you notify the State Department of Social Services of any changes in your permanent mailing address.

l lo S egs 9	
	he above information was provided by: (Check applicable box) Birthmother
GETELMOS MAOR ETAG	REHTOM KTHIB 30 BRUTAND .
	If Yes, how well acquainted are you with them?
	Have you met the adopting parents?
	String paritions and tudos been to thew upy ob notimental information is said the said to see the second se
se or ethnicity; employment; sxpectancy, or curtail ses.	California Adoption Law states that birthparents who place a child for adoption are entitled to information about the prospective adoptive parents: their full legal names; age; religion; race whether other persons live in their home; any health conditions that may shorten their life extheir notmal daily activities; and their general area of residence, or if requested, their address Do you have at least this information about the adopting parents?
manifest and the fire attaches are	How much did they pay? (if unknown, please indicate this).
	Who paid the expenses for this pregnancy, prenatal care, delivery and other expenses?
No Unkr	Is your attorney also the attorney for the adopting parents?
Sey	Do you have your own attorney (lawyer) for this adoption?
lancer' Umard	4. ADOPŢI ON QUESTIONS:
	THEMTAERT REQUUREDUCT ON RESOURTHOOSIC ROS MOSAS
	CATE MEDIONS PRESCRIBED DURING WOUR CARE:
	SARAD ROR CRAE:
To lanoitome y	5. PSYCHOLOGICAL COUNSELING: Have you ever gone to a psychologist, psychiatrist, social worker or other counselor for any psychological problems you may have had? If Yes, complete the following items.
sə从	Are you, either of your parents or any other relatives an American Indian?
	If Yes, indicate the tribe's name, location and degree of Indian blood, if known.
sə\	Are you, either of your parents or any other relatives an American Indian?
seY	Are you, either of your parents or any other relatives an American Indian?
səy	NATIVE AMERICAN ANCESTRY: Are you, either of your parents or any other relatives an American Indian?
□ SƏA □ ···································	NATIVE AMERICAN ANCESTRY: Are you, either of your parents or any other relatives an American Indian?
(Specity caretaker's relation to child)	NAME OF CHILD A F FULL , HALF OF BIRTH A NATIVE AMERICAN ANCESTRY: Are you, either of your parents or any other relatives an American Indian?
WHO IS TAKING CARE OF THIS CHILD? (Speaity caretaker's relation to child)	Ves, complete the following item. Ves, complete the following item. Ves, complete the tribe's name, location and degree of Indian blood, it known.
WHO IS TAKING CARE OF THIS CHILD? (Specity caretaker's relation to child)	OTHER CHILDREN: Ves., complete the following item. Name of children in addition to the child being adopted? Ves., complete the following item. Name of children Name of c
WHO IS TAKING CARE OF THIS CHILD?	OTHER CHILDREN: Ves., complete the following item. Ves., indicate the tribe's name, location and degree of Indian blood, if known. If Yes, indicate the tribe's name, location and degree of Indian blood, if known.
WHO IS TAKING CARE OF THIS CHILD?	OTHER CHILDREN: OTHER CHILDREN: OTHER CHILDREN: OTHER CHILDREN: Ves. complete the following item. Ves. complete the following item. OTHER CHILDREN: OTHER CHILDREN: OTHER CHILDREN: OTHER CHILDREN: OF BIRTH NATIVE AMERICAN ANCESTRY: NATIVE AMERICAN AND Other relatives an American Indian? Nes, indicate the tribe's name, location and degree of Indian blood, if known.
WHO IS TAKING CARE OF THIS CHILD? (Specify caretaker's relation to child)	OTHER CHILDREN: Ves., complete the following item. Ves., indicate the tribe's name, location and degree of Indian blood, if known. If Yes, indicate the tribe's name, location and degree of Indian blood, if known.

CHILD'S NAME:				CASE NUMBI	FR:	
CHITIS WAVE:						•
CASE WORKER'S NAME:			AGENCY'S NAME:			
	ATION ABOUT	DIDTU MOTUS	<u> </u>			
SECTION II — NON IDENTIFYING INFORM				wor all quasti	one as completely	
PART I — CHARACTERISTICS OF BIRTH				awer all doest	ons as completely	as possible.
A. GENERAL INFORMATION AND PHYSI			E 9 DIN III			
AGE HEIGHT USUAL WEIGHT EYE COLOR	SKIN COLOR	NATURAL HAI	R COLOR		TURE (CHECK ALL THAT AP	PLY)
				☐ FINE ☐ ☐ STRAIGHT		☐ BALDING
BLOOD TYPE RH FACTOR BODY TYPE		ARE Y	DU RIGHT HANDED?			BALDING
SMALL BONED	MEDIUM BONED	LARGE BONED	LEFT HANDED?			
Race/Ethnic Group						
☐ White ☐ Hispanic ☐ Filip	oino 🗌 Black	☐ Asian or I	Pacific Islande	r	-	
☐ American Indian or Alaskan Native		pecify)		•		
	` ,		o of Indian bloc	ad (if known)		
If American Indian or Alaskan Native, plea	ise specily name (oi tribe and degree	e of filorati bloc	od (II Kriowii)		
						
	0.12000000	OFFILM FYS.				
SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, (DANTORESE, MEXICAN, NI	GERIAN, EIC.)			•	
DESCRIBE ANY DISTINGUISHABLE PHYSICAL FEATURES (I.E., BIRTHMARK	(S, ETC.)					
				· · · · · · · · · · · · · · · · · · ·		

B. EDUCATION:						
LAST GRADE COMPLETED PRESENTLY IN SCHOOL? USUAL GRADES	IN SCHOOL	OTHER TRA	UNING			
EXTRA CURRICULAR ACTIVITIES	 :					
EXTRA GONNIGODIA POTENTIES						
SUBJECTS INTERESTED IN						
						3
•		-				
O O O O O O O O O O O O O O O O O O O						<u></u>
C. OCCUPATION:	HOW LONG?	USUAL OCCUPATION				
,						
WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE; TO BE A TEACHER	WELDER, SALES CLERK)	1				
	,,					
D. PERSONALITY:						
DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, A	FTITUDES, MOODS, ACTIVE	TIES YOU USUALLY PARTIC	CIPATE IN, TYPES OF	PEOPLE YOU ENJOY	BEING WITH, ETC.	
•						

•						
DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.		·				
· · · · · · · · · · · · · · · · · · ·						
					·	
,						
				· · · · · · · · · · · · · · · · · · ·		

פי שלחב ווחוד מחיים נוחודם

		IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE RAISED?	OΝ _	Zay 🗀
	•			
NWO RUO	DIFFERENT FROM YO	HAVE YOUR CHILD REARED IN THE RELIGIOUS FATT OF THE ADOPTING PARENTS, IF	MLLING TC	N UOY BRA

01 to 4 ege q			·			
						.)
						·
——————————————————————————————————————			YCHES YDNITHOODS	ASH SHE OR SHE DETRO	T BEING CONTACTED BY THE ADO	HOW DO YOU FEEL ABOUT
	•					
				_		
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						one and a supplemental state of the state of
	,11	NEWEDAJG BROSER TVEMGOJEVEG	CHIED'S CARE, HEALTH AND C	GIVE INFORMATION ON THE	HTRIS TA NOMPODA ROS GEDAL!	R TON SAW GJIHO RUOY R.
	, <u>ii</u>	N311334 15 3803338 13 1100 (2) 2.1				
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- 11 11 11 11 11 11 11 11 11 11 11 11 11	ille strong and the s			•		
(CES.)	1354 MOITHOOA X2A N3TH	D TROM RESTROOM TUDDA MORTES	AS YOU CAN, THIS IS THE OL	YJHƏCIOHOHT ZA GMOGZŞR.	CHILD FOR ADOPTION? (PLEASE	WHY DID YOU PLACE THIS
			1 120150	SE OT WITH SHOOT HEIM DO	VO, WHAT RELIGIOUS FAITH DO YO	THE CHICAGE

Æ	BIRTH MOTHER'S ME	<u>NSTRU</u>	<u>AL HISTOR</u>	Y AND PR	EGNANCY	/ HISTORY	OF CHILD:		
1.	MENSTRUAL HISTORY	HOM OFD M	YERE YOU WHEN Y	OU BEGAN TO ME	NSTRUATE? WH	AT IS THE USUAL:	LENGTH OF YOUR PERIOD?		NO. OF DAYS IN CYCLE
po	YOU HAVE ANY PROBLEMS WITH YOUR P	ERIODS?						YES NO	4 D V=?
	YES NO IF YES EXPLAIN							☐ YES ☐ NO	
2.	THIS PREGNANCY:	NAME AND A	ADDRESS OF OBST	ETRICIAN WHO PI	ROVIDED YOU WIT	H PRENATAL CAR	E	<u> </u>	D SINCHOWN
				STETRICIAN		ADDRESS	STREET	CITY, ST	TATE ZIP CODE
WHE	N DID PRENATAL CARE BEGIN?	BECAME PR	YOUR AGE WHEN Y EGNANT?	OU NUMBER	OF WEEKS OF TO	HIS PREGNANCY?	TYPE OF BIRTH		***************************************
COM	IPLICATIONS DURING THIS PREGNANCY?	<u> </u>					SINGLE MI	JETIPLE IF MULT YOU GIVEN BIATH TO A	IPLE, HOW MANY?
	YES NO DIFYES, EXPLAIN								
3.	CONDITIONS DURING	GERVANUE	ASLES	lves [] wa	SEXUALLY TR	ANSMITTED DISE	ASES	ES NO DIF	
	THIS PREGNANCY	1				GONORRI TDIA 🔲 GENITI		S (e.g., fb)	
IF YE	S TO ANY OF THE ABOVE, SPECIFY TYPE				ENT CHLAMY	DIA 🔲 GENITA	AL WARTS AGG	7211 (S	LI YES LI NO
4.	DRUGS TAKEN DURING,	AND WI	THIN ONE Y	EAR PRIOR	TO THIS	DECNANO	V.		
a.	Prescription Drugs:		TAKEN D	JRING THIS	TAKEN WITH	IN ONE YEAR PREGNANCY	1.		
	(Give name(s))		(Chec.	k 🖊 under a	poropriate c	olumn)	WHEN?	HOW OFTEN?	AMOUNT?
1.			YES	NO NO	YES	NO		911-111	
2.		www							
3.									
4.									
b.	Nonprescription Drugs, in aspirin, nosedrops, etc.:	ncluding							
1.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2.		······································							
3.									<u> </u>
4.									
с.	Alcohol and other substar	ces:				meneralisa (s. s.			
1.	Alcohol (wine, beer, etc.)					1, 188			
	Amphetamines (uppers)		<u> </u>				1		
	······································								
	Barbiturates (downers)								
	Tobacco								
	Cocaine								
	Crack							•	
7.	Heroin	********							
8.	LSD	********							
9.	PCP								
0.	Marijuana	*********							
11.	Other (specify)							-	
	71004								
 Have	you ever been an IV drug t	ISBI?	☐ YES					7/40.44/40	
	,			1¥ 🗸					

to a seeq				
LES P	□ KER □ NO	YES NO	□ kes □ no	Was he/she aware of your pregnancy?
				Current or former occupation
				Education completed
· ·			***************************************	serutsel gnibnstatuO
HEIGHT WEIGHT	HEIGHT WEIGHT	אפוסאד אפוסאד	יפּוֹסָּאַד אַפּוֹסָאָד	tripieW & tripieH
HEIGHT WEIGHT	HEIGHT WEIGHT	activitating activitati	and residence of the second second	Benessedge Isioisyng edinosed
				If deceased, age at death and cause of death
				95¥
MOTHER	ЯЭНТАЭ	яэнтом	REHTAR	
STM∃RA9 2'R	∃HTOM RUOY	STN∃RA9 S'F	IBHTA1 AUOY	
		100 mg - 100		If any of your aunts or uncles have died, give age at death and cause of death.
				How many brothers or sisters or stell shade bib
ои 🗆	LES	ON [☐ XES	Was this patent aware of your
				noigilaA
				Mationality
yto•c2:R∋HTO □ R	☐ DINARSH ☐ BTIHW ☐ BOMAIRA ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	(ytræq2; R≅HTO ☐ F	☐ DINA9RIH ☐ BHIHW ☐ BONAIRA ☐ BONAIRA ☐ BONAIRA ☐ BAIA HO BNITAN NADIRBMA ☐	guone Sindt Groupquone Sindt Gross R
				noitsqu∞O
				Education completed
				serutsel gnibnststvO
				bebnart trigit to the L
•				Skin,ælor
	,			Eye color
, ,				Hair color and texture
THQIBY	A THOISH	THDIB	W 1HDIS	Height & Weight
				disab lo ezusO
				If deceased, age at death
				egs fnemuð
ICAL MOTHER	YOUR BIOLOG	FATHER JAOIS	YOUR BIOLOG	
	P		OHM	TYES UND IF YES, PLEASE TELL
			FOBTYCOA YJIMAR BT	H. FAMILY HISTORY: WERE YOU OR ANY MEMBER OF YOUR IMMEDIA
NIWT JANRETARR R	IDEMUCYF O		HTR18 3JAITJUW	
	NA UOY BRA			A UOY BRA
			Enert branchione	TYES UO IF YES, FOR WHAT CO
				SYREDRUS ROLAM YNA
HAEUMATIC FEVER ☐ HEINARY/BLAOOER INFEC ☐ ☐ OTHER (Specify)	EAR INFECTIONS EAR INFECTIONS EARLY MURMER SENCEPHALITS DESCRIPTIONS EARLY TEVER	CKEN POX ROSEOLA	ASLES: RUBECÍA (3 WEEK) CHI	TOTH UOY EVAN ESEASED GOOHQUIND TAHW
				DESCRIBE YOUR GENERAL HEALTH
			:YROTS	G. PERSONAL HEALTH HI

G. FAMILY HISTORY: (CONTI	NUED)	VOUR P	BOTHER	S AND SIST	FRS				
	(If you ha	ave more than	n 4 siblings, please use addi			al paper)			
(1		2			} ,		4
Sex (Male or Female)							····		
Age			ļ						
If deceased, age at death and cause								-	
Full or half sibling to you?		☐ HALF	FI	JLL 🗌 HA		FULL	☐ HALF	☐ FULL	HALF
Height & Weight	HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIC	SHT	WEIGHT	HEIGHT	WEIGHT
Hair color and texture				•					
Eye color									
Skin ∞ lor									
Hobbies and talents				-					
Last grade completed									
Presently in school?	☐ YES	□ NO		YES N	o	☐ YES	□ NO	☐ YES	
Occupation									1
Aware of Pregnancy?	☐ YES	□ NO		YES N	0	☐ YES	□ ио	☐ YES	NO
Marital status									
Number of children they have									
Health of their children						•			-
		YO	UR OTHE	R CHILDRE	N - madalisia				
MATERIAL PROPERTY OF THE PROPE		ave more tha LD #1		en, piease us CHILD #2	e additio		_D #3	СНІ	LD #4
Indicate if son or daughter	U.III	LU # (OT NED #E		<u> </u>			72 /
Birthdate or age				***************************************					
Is this child a full or half sibling to the adoptee?	☐ FULL	☐ HALF	□F	ULL	LF [FULL	☐ HALF	☐ FULL	
If deceased, age at death									
Cause of death									
Height & Weight	HE:GHT	WEIGHT	HEIGHT	WEIGHT	HEIC	энт	WEIGHT	HEIGHT	WEIGHT
Hair color and texture									
Eye color	The state of the s								
Skin color	***************************************					WANTED			
Left or right handed	· .								
Grade in school	The state of the s								
Does this child live with you?	☐ YES	. □ ио		YES 🗆 N	0	YES	□ №	☐ YES	I NO
Hobbies and talents									
General health									
Major surgery									
Health problems				•	ALCOHOLOGY PROPERTY.				
Was this child aware of your pregnancy?	☐ YES	5 I NO		YES 🗌 N	0	☐ YES	□ №	YES	i □ NO

Indicate by checking appropriate box if YOU or any RELATIVES (i.e. Your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

If so, what orthodontic work and for how long?	·		-		3. Braces on teeth or other orhodontia work
					Other (explain)
					(ctosseye)
					Strabismus
					maitsmeitaA ☐ (aupol of ytilidani)
					□ betrigistseM
					eerael Descriptions Tarsighted
At what age were prescription lenses necessary?					S. Corrective glasses or contact
!					1. Blindness, glaucoma, color blind- ness or other visual problems
					C. EYE, DENTAL. EAR, AND DEVELOPMENTAL DISORDERS
Sebooi tanw oT					4. Food allergy
To what drugs?					3. Drug allergy
-					2. Hay fever or other allergy
					1 Eczema or other skin condition
To what allergies? What treatment or medication?					3. ALLERGIES
					11. Tay-Sachs disease
	,				10. Sickle Cell Anemia
		·			9. Congenital heart defect
					sbilid snic2 8
			-		msihawO .7
					6. Muscular dystrophy
Steano is epA. Shevlovní ybod to shaq					CDIDI/doografiy is
					5. Hydrocephalus
					4. Other chromosome abnormality
					3. Dowrs Syndrame
					S. Harelip (cleff lip) or cleff palate
					1. Club foot or any orthopedic problem (i.e., flat footed, etc.)
					A. CONGENITAL IMPAIRMENTS
соммеита	YES-RELATIVE (Specify relationship)	2ªIL XES	Но! Кпомп	ON	MEDICAL CONDITION

	HEALTH HISTORY OF YOU, YOU	RP	AREN	TS A	ND OTHER RE	LATIVES (CONTINUED)
	MEDICAL CONDITION	NO	Not Known	YES	YES-HELATIVE (Specify relationship)	COMMENTS
ŧ,	4. Deafness or other ear problems					Special education? If "Yes", indicate age at onset.
,	5. Speech problems					
	6. Learning disability					Any diagnosis? Hospitalization?
	7. Retardation: mental or physical					
D.	CIRCULATORY DISORDERS 1. Hemophilia					
	2. Sickle cell anemia or trait					
	Hypertension (high blood pressure)					Age at onset? What treatment? Hospitalization?
	4. Stroke					_
	5. Heart attack (coronary)					
	6. Arthritis					What kind? Age at onset? What part of body? .
	7. Kidney disease					Age at onset? What treatment?
Ε.	HORMONAL DISORDERS	-				Age at onset? What treatment?
	1. Diabetes					
	2. Thyroid disorder					•
	Obesity (overweight)					
F.	RESPIRATORY DISORDERS					Any (known) cause? What treatment?
	1. Asthma	<u> </u>			· · · · · · · · · · · · · · · · · · ·	What kind? Age at onset? What part of body?
	2. Emphysema	_				- What kind? Age at onset? What part of body?
	3. Tuberculosis		-			
G.	MENTAL AND BEHAVIORAL DISORDERS					Age at onset? What treatment? Hospitalization?
	Diagnosed schizophrenia]			NAME OF THE OWNER OWNER OF THE OWNER	
	2. Diagnosed manic depressive	ļ			,	
	Other mental illness. Describe, using additional page, if necessary					
-	4. Alcoholism or heavy drinking					
	5. Drug usage					Kind, amount, and when taken?
			The state of the s			
			Laborator and the second			·
	The state of the s			<u></u>		Page 9 of 10

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†					
					·
					•
					PROBLEMS OTHER MEDICAL OR HEALTH
,					UTIVER NEDICAL OF PENTA
					Yulini
Snart for S Mhen?					3. Hospitalization, operation, or
					S. Repeated severe intection necessitating hospitalization
					1. Repeated attacks of fever with known infection
Diagnosis?					INFECTION, HOSPITALIZATION
	•				2. Еріlерsу
					4. Seizures or convulsions
Age at onset? What treatment? Frequency?					
					3. Cerebral palsy
			<i>**</i>		S. Huntington's disease
					7. Multiple sclerosis
Steano ta agA. Spavlovní ybod to ansq.					NEBYOUS SYSTEM DISORDERS
Create and Shairle in the disperse					4. Hodgkins disease
					3. Cystic fibrosis
					S. Tumora
					1. Cancer
free le land annual language and first annual land					SABOROSIO DITAH9MYJ
What kind? Age at onset? What part of body?	(qinznoilala)	liez	Known		
COMMENTS	YES-RELATIVE	λES	fold.	UN	НЕАLTH HISTORY OF YOU, YOU

DECLARATION OF MOTHER

(To be completed by all mothers not married to the father except when a relinquishment or consent has been obtained from the father.) , make the following statement in connection with the adoption plans for my child. I am _____ years old. 1. The child's name: ____ Place of birth: Date of birth: ____ If not born, expected birth date: (day, month, year) 2. The natural father of the child is: (street address, city, state) (If present address unknown, give any known past addresses.) He works for: _____ (employer's name and address) (position, or type of work) Give the names and addresses of any past employers, if known: No 🗆 Don't Know Yes 🗆 3. Does he presently go to school? If Yes, ___ (name of school, city, state) No 🗆 Don't Know Yes 🗆 4. Is he presently in the armed forces? If yes, what branch is he in and where stationed? No □ Don't Know □ Yes 🛘 5. Do you know where or when the natural father was born? _____ Place of birth: _____ If yes, date: __ (city, state) (day, month, year; or age) ___ How did you meet him? ______ When did you meet him? (day, month, year)

		If yes, what did he give you (if money, state amounts), and when?	
□ oN □ səY	Seeznedxe hoqque blir	Has he ever given you any money or items to help with the pregnancy or ch	
	□ oN □ səY	Stertist s'blido ent ai en min llet uoy bio	
□ won't Know	□ oN □ seY	Did (or does) the natural father know you were pregnant with his child?	. !
		If yes, give their names and present addresses:	
	N 🗆 səY Suoy	When you lived together, were there any other persons who lived with	
	(day, month, year)	тот ———————————————————————————————————	
		If yes, where and when? (street address, city, state)	
	□ oN □ səX	Did you and the natural father ever live together?	.(
		If yes, give place and date:	
□ oN □	⊋ sə⊁	Did you and the natural father get married or try to get married?	.6
		Give date of the above:	
•	iage end because of:	If you were married to someone other than the natural father, did your marri	
		If yes, give husband's name and address:	
□ oN	☐ seY fn1od sew	Were you married to someone other than the natural father when the child	
		If yes, give husband's name and address:	
□ on □	Tes Yes Canant?	Were you married to someone other than the natural father when you beca	.8

□ oN □ səY

 $\ensuremath{\mathcal{N}}$. Do you know any of his triends or relatives?

If yes, explain:			
las he promised you in writing to help support the child?	Yes 🗆	No 🗆	
If yes, where is the writing?			
s the natural father married to another woman?	Yes 🗆		Don't Know
If yes, when, where, and in what manner?			
If yes, has he offered to take the child into his home?	Yes 🗆	No 🗆	Don't Know 🗆
	Yes 🗆	No 🗆	Don't Know □
	Yes 🗆	No 🗆	Don't Know □
If yes, when, where, and in what manner?			
Has the natural father ever told anyone he is the father?	Yes 🗆	No 🗆	Don't Know [
•			
	Vac 🗆	No 🗀	
	_		
	Yes 🗆	No 🗆	
	(day	, month, year	}
Has the natural father ever written to, spoken to, or visited with the child?	Yes 🗆	No 🗆	Don't Know [
If yes, what did he do, when, and how many times (state in humbers).			
			•
	Has he promised you in writing to help support the child? If yes, where is the writing? If yes, when where, and in what manner? If yes, has he offered to take the child into his home? If yes, has he in fact taken the child into his home? Has the natural father ever acknowledged that he is the father of the child? If yes, when, where, and in what manner? Has the natural father ever told anyone he is the father? If yes, give names and addresses of persons he has told, and the circumst when the child is the father on the child's birth certificate? If yes, was this with his consent? Has the child ever lived with the natural father rather than with you? If yes, give dates: From: (day, month, year) Has the natural father ever written to, spoken to, or visited with the child?	Has he promised you in writing to help support the child? If yes, where is the writing? If yes, where is the writing? If yes, when, where, and in what manner? If yes, has he offered to take the child into his home? Yes □ If yes, has he in fact taken the child into his home? Yes □ Has the natural father ever acknowledged that he is the father of the child? Yes □ If yes, when, where, and in what manner? Has the natural father ever told anyone he is the father? Yes □ If yes, give names and addresses of persons he has told, and the circumstances: Was the natural father named as the father on the child's birth certificate? Yes □ If yes, was this with his consent? Yes □ If yes, give dates: From:	If yes, where is the writing? If yes, where is the writing? If yes, where is the writing? If yes, when, where, and in what manner? If yes, has he offered to take the child into his home? If yes, has he in fact taken the child into his home? Yes No Has the natural father ever acknowledged that he is the father of the child? Yes No Has the natural father ever acknowledged that he is the father of the child? Yes No Has the natural father ever told anyone he is the father? Yes No Has the natural father ever told anyone he is the father? Yes No Has the natural father named as the father on the child's birth certificate? Yes No Has the natural father named as the father on the child's birth certificate? Yes No Has the child ever lived with the natural father rather than with you? Yes No Has the child ever lived with the natural father rather than with you? Yes No Has the child ever lived with the natural father rather than with you?

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or perjury that the	er penalty	leclare und	I .gninnstion is given in connection with adoption planning. I c	nstatabnu i paigeou
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			esusciple to identify the natural father of the minor because	11 12
			20112004 1201 - 044 to 12 44-14 to 10 11 11 11 11 11	
				
•				- ,
			re identity of the natural father of the minor is unknown to me because	17 .02
□ won't Kno⊍	□ oN	☐ səY	o you think he would agree to an adoption if that is what you wished?	·U
	□ oN	☐ səY	Startist laturan and thin blind and to noitgobs baseusaib poy ever	.H .er
			(name of court, city, state)	
			If yes, where?	
□ wou't Know	□ oN	∏ sə∀	section still pending?	•
		• ,		
			If yes, who brought the action, where, and when?	
□ Don't Know	□ oN	səysbi	ss any legal action been brought to determine custody or paternity of the chi	18. H
			If yes, which court, when, and in what amounts:	
Don't Know	□oN	∏ seλ	Splids and the natural father to help support the child?	17. H